

2009 FOR PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# P03000063730

Entity Name: IMAGINE MARKETING, INC.

FILED
Apr 14, 2009
Secretary of State

Current Principal Place of Business:

655 N WALTON LAKESHORE DR
INLET BEACH, FL 32413

New Principal Place of Business:

5 JOHNSTOWN LANE
ROSEMARY BEACH, FL 32461

Current Mailing Address:

PO BOX 611095
ROSEMARY BEACH, FL 32413

New Mailing Address:

PO BOX 611095
ROSEMARY BEACH, FL 32461

FEI Number: 20-0025175

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

NICKERSON, NIKKI
655 N WALTON LAKESHORE DR
INLET BEACH, FL 32413 US

Name and Address of New Registered Agent:

NICKERSON, NIKKI
5 JOHNSTOWN LANE
ROSEMARY BEACH, FL 32461 US

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: NIKKI NICKERSON

04/14/2009

Electronic Signature of Registered Agent

Date

Election Campaign Financing Trust Fund Contribution ().

OFFICERS AND DIRECTORS:

Title: P () Delete
Name: NICKERSON, SHARI
Address: 655 N WALTON LAKESHORE DR
City-St-Zip: PANAMA CITY BCH, FL 32413

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: P (X) Change () Addition
Name: NICKERSON, SHARI
Address: 5 JOHNSTOWN LANE
City-St-Zip: ROSEMARY BEACH, FL 32461

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: NIKKI NICKERSON

MS

04/14/2009

Electronic Signature of Signing Officer or Director

Date